

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4	/		/		/	
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12	/		/		/	
13	/		/		/	
14		(B)		/		/
15		(B)		/		/
16	/		/		/	
17		(B)		/		/
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23	/			/		/
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25	/			/		/
26	/			/		/
27		(B)		/		/
28		(B)		/		/
29		(B)		/		/
30				/		/
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50						
TOTAL IND.	14	↓	7	↓	7	↓
TOTAL DEP.	17	★	18	★	30	★
TOTAL CLAIMS	31		25		37	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		★		★		★
TOTAL CLAIMS						